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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

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| Total Number of Pages in This Submission | 18 pages + 129 refs | Application Number 10/682,331 Filing Date October 8, 2003 First Named Inventor David L. SHELTON Art Unit 1647 Examiner Name J. Lockard |
| | | Attorney Docket Number 514712000400 |

ENCLOSURES (Check all that apply)

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| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement Supplemental (3 pages) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Form PTO/SB/08a/b + copy (14 pages) References (129) Return Receipt Postcard |
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

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|--------------|--|----------|--------|
| Firm Name | MORRISON & FOERSTER LLP (Customer No. 25226) | | |
| Signature | | | |
| Printed name | Jie Zhou | | |
| Date | August 29, 2006 | Reg. No. | 52,395 |

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(Shari Hall-White)



Patent

Docket No. 514712000400

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
David L. SHELTON et al.

Serial No.: 10/682,331

Filing Date: October 8, 2003

For: METHODS FOR TREATING POST-SURGICAL PAIN BY ADMINISTERING A NERVE GROWTH FACTOR ANTAGONIST AND COMPOSITIONS CONTAINING THE SAME

Examiner: J. Lockard

Group Art Unit: 1647

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT UNDER 37 C.F.R. § 1.97 & 1.98

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

Pursuant to 37 C.F.R. § 1.97 and § 1.98, Applicants submit for consideration in the above-identified application the documents listed on the attached Form PTO/SB/08a/b. Copies of foreign documents and non-patent literature are submitted herewith. The Examiner is requested to make these documents of record.

This Supplemental Information Disclosure Statement is submitted:

- With the application; accordingly, no fee or separate requirements are required.
- Before the mailing of a first Office Action after the filing of a Request for Continued Examination under § 1.114. However, if applicable, a certification under 37 C.F.R. § 1.97 (e)(1) has been provided.
- Within three months of the application filing date or before mailing of a first Office Action on the merits; accordingly, no fee or separate requirements are required. However, if applicable, a certification under 37 C.F.R. § 1.97 (e)(1) has been provided.
- After receipt of a first Office Action on the merits but before mailing of a final Office Action or Notice of Allowance.
 - A fee is required. A check in the amount of __ is enclosed.
 - A fee is required. Accordingly, a Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.
 - A Certification under 37 C.F.R. § 1.97(e) is provided above; accordingly; no fee is believed to be due.
- After mailing of a final Office Action or Notice of Allowance, but before payment of the issue fee.
 - A Certification under 37 C.F.R. § 1.97(e) is provided above and a check in the amount of __ is enclosed.
 - A Certification under 37 C.F.R. § 1.97(e) is provided above and a Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.

Applicants would appreciate the Examiner initialing and returning the Form PTO/SB/08a/b, indicating that the information has been considered and made of record herein.

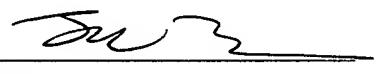
The information contained in this Supplemental Information Disclosure Statement under 37 C.F.R. § 1.97 and § 1.98 is not to be construed as a representation that: (i) a complete search has been made; (ii) additional information material to the examination of this application does not exist;

(iii) the information, protocols, results and the like reported by third parties are accurate or enabling;
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In the unlikely event that the transmittal form is separated from this document and the Patent and Trademark Office determines that an extension and/or other relief (such as payment of a fee under 37 C.F.R. § 1.17 (p)) is required, Applicants petition for any required relief including extensions of time and authorize the Commissioner to charge the cost of such petition and/or other fees due in connection with the filing of this document to Deposit Account No. 03-1952 referencing 514712000400.

Dated: August 29, 2006

Respectfully submitted,

By 
Jie Zhou

Registration No.: 52,395
MORRISON & FOERSTER LLP
755 Page Mill Road
Palo Alto, California 94304-1018
(650) 813-5922



ALTERNATIVE TO PTO/SB/08a/b (07-05)

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|------------------------------|---|----|---|--------------------------|------------------|
| Substitute for form 1449/PTO | | | | Complete if Known | |
| | | | | Application Number | 10/682,331 |
| | | | | Filing Date | October 8, 2003 |
| | | | | First Named Inventor | David L. SHELTON |
| | | | | Art Unit | 1647 |
| | | | | Examiner Name | J. Lockard |
| Sheet | 1 | of | 7 | Attorney Docket Number | 514712000400 |

| U.S. PATENT DOCUMENTS | | | | | |
|------------------------------|-----------------------|--|--------------------------------|--|---|
| Examiner Initials* | Cite No. ¹ | Document Number | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear |
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| | | | | Examiner Name | J. Lockard |
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*EXAMINER: Initial if information considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ¹ Applicant's unique citation designation number (optional). ² See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.

| NON PATENT LITERATURE DOCUMENTS | | | | | |
|---------------------------------|-----------------------|---|--|--|----------------|
| Examiner Initials | Cite No. ¹ | Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published. | | | T ² |
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| Examiner Signature | Date Considered |
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| Substitute for form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i> | | | | Complete if Known | |
| Sheet | 3 | of | 7 | Attorney Docket Number | 514712000400 |

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| | | | | Examiner Name | J. Lockard |
| Sheet | 4 | of | 7 | Attorney Docket Number | 514712000400 |

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| | | | | Art Unit | 1647 |
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English language Translation is attached.

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